2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2006

STAPLE

SIGNATURE

Feb 28, 2006 08:00 AM Secretary of State DOCUMENT # A32582 1. Entity Name THE KENT PARTNERSHIP, LTD. Mailing Address Principal Place of Business 5904 SPRING LAKE DRIVE LAKELAND FL 33811 5904 SPRING LAKE DRIVE LAKELAND FL 33811 2. Principal Place of Business 3. Mailing Address Suite, Act. #, etc. Suite, Apt. It, etc. 1st MOORE CR2E003 (10/05) Applied For City & State 4. FEI Number City & State 59-3108983 Not Applie. Zip Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KENT, GAYLE S 5904 SPRING LAKE DRIVE LAKELAND FL 33811 Street Address (P.O. Box Number is Not Acceptable) Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! Fee is \$500. *** After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. DOCUMENT # S76466 STREET ADDRESS MAME THE K.A.A. BETA CORP. STREET ADDRESS 5904 SPRING LAKE DR CITY-ST-ZIP U00000451011 CITY - ST-ZIP LAKELAND FL 03/10/08-80032-003 500.00 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-IP CITY-ST-ZIP DOCUMENT # STREET AUTHORS NAME STREET ADDRESS CITY - ST - 2ND CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIF OCCUMENT # STREE (ADDRESS NAME STREET ADDRESS CITY- ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnershor the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

FILED

2/24/06

863-644-888